

Human Influenza A (H5) Domestic Case Screening Form

1. Reported By					
Date reported to IDEP:			Assigned Case ID:		
<div style="text-align: center;"> ____ / ____ / ____ <small>m m d d y y y y</small> </div>					
2. Patient Information					
Patient Last Name:			First Name:		
Address:			Phone:		
City of Residence:		Zip:		County:	
Age at onset: _____		Race: (<i>Choose One</i>)			
<input type="checkbox"/> Year(s)		<input type="checkbox"/> American Indian/Alaska Native			
<input type="checkbox"/> Month(s)		<input type="checkbox"/> Asian			
		<input type="checkbox"/> Black			
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Sex:		Ethnicity:			
<input type="checkbox"/> Male		<input type="checkbox"/> Non Hispanic			
<input type="checkbox"/> Female		<input type="checkbox"/> Hispanic			
3. Signs and Symptoms					
A. Date of symptom onset:					
<div style="text-align: center;"> ____ / ____ / ____ <small>m m d d y y y y</small> </div>					
B. What symptoms and signs did the patient have during the course of illness? (check all that apply)					
<input type="checkbox"/> Fever > 38° C (100.4° F)	<input type="checkbox"/> Feverish (temperature not taken)	<input type="checkbox"/> Conjunctivitis			
<input type="checkbox"/> Cough	<input type="checkbox"/> Headache	<input type="checkbox"/> Shortness of breath			
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Other (specify): _____				
C. Was a chest X-ray or chest CAT scan performed?					
	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
If yes*, did the patient have radiographic evidence of pneumonia or respiratory distress syndrome (RDS)?					
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
D. Hospitalized?					
	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
If yes*, specify hospital and admission date:					
<div style="text-align: center;"> ____ / ____ / ____ <small>m m d d y y y y</small> </div>					
E. On a respirator?					
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
F. Other:					

4. Travel/Exposures

- A. In the 10 days prior to illness onset, did the patient travel outside the United States? ☐ Yes* ☐ No** ☐ Unknown
If yes*, please fill in arrival and departure dates for all countries that apply. ****If patient did not travel outside U.S., skip to question 5.**

Specify Country	Arrival Date	Departure Date	Specify Country	Arrival Date	Departure Date

For the questions 4B to 4G,

In the 10 days prior to illness onset, while in the countries listed above

- B. Did the patient have direct contact with domestic poultry (i.e., touch sick or dead chickens or ducks or well-appearing ducks)? ☐ Yes ☐ No ☐ Unknown
describe: _____
- C. Did the patient consume uncooked poultry or poultry products? ☐ Yes ☐ No ☐ Unknown
describe: _____
- D. Did patient touch surfaces contaminated with bird feces? ☐ Yes ☐ No ☐ Unknown
describe: _____
- E. Did the patient have close contact (within 1 meter) with a suspected human influenza A(H5) case?* ☐ Yes ☐ No ☐ Unknown
- F. Did the patient have close contact (within 1 meter) with a known human influenza A(H5) case?* ☐ Yes ☐ No ☐ Unknown

* *SEE Influenza A (H5): Interim U.S. Case Definitions (last page)*

5. Occupational and non-travel exposures

- A. For patients whom did not travel outside the U.S., in the 10 days prior to illness onset, did the patient visit or stay in the same household with a traveler returning from one of the countries listed above who developed pneumonia or severe flu-like illness? ☐ Yes* ☐ No ☐ Unknown
☐ Yes* ☐ No ☐ Unknown

If yes*, was the contact a confirmed or suspected H5 case patient?

If yes*: CDC ID: _____ STATE ID: _____

In the 10 days prior to illness onset,		
B. Did the person have occupational contact with sick poultry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Did the person have occupational contact with poultry infected with known or suspected avian influenza viruses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
D. Did the person work in a laboratory that contained live animal or novel influenza viruses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Did the person work as a health care worker in direct contact with a suspected or confirmed novel influenza case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
F. Did the person have close contact (within 3 feet / 1 meter) with a person with suspected or confirmed novel influenza?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Elaborate:		
6. Local influenza test results		
Specimen 1		
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: _____ <div style="text-align: center; font-size: small;"> _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ m m d d y y y y </div>	
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test* *Name of Rapid Test: _____	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending	
Specimen 2		
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: _____ <div style="text-align: center; font-size: small;"> _ _ _ _ / _ _ _ _ / _ _ _ _ _ _ m m d d y y y y </div>	
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test* *Name of Rapid Test: _____	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending	

Specimen 3		
<input type="checkbox"/> NP swab <input type="checkbox"/> Bronchoalveolar lavage specimen (BAL) <input type="checkbox"/> NP aspirate <input type="checkbox"/> OP swab <input type="checkbox"/> Other _____	Date Collected: _____ m m d d y y y y	
Test Type: <input type="checkbox"/> RT-PCR <input type="checkbox"/> Direct fluorescent antibody (DFA) <input type="checkbox"/> Viral Culture <input type="checkbox"/> Rapid Antigen Test* *Name of Rapid Test: _____	Result: <input type="checkbox"/> Influenza A <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza (type unk) <input type="checkbox"/> Negative <input type="checkbox"/> Pending	
7. List specimens sent to Office of Laboratory Services		
Select a SOURCE* from the following list for each specimen: Serum (acute), serum (convalescent), NP swab, NP aspirate, bronchoalveolar lavage specimen (BAL), OP swab, tracheal aspirate, or tissue		
Specimen 1: <input type="checkbox"/> Clinical Material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus Isolate	Source*: _____	Collected : _____ m m d d y y y y Date Sent: _____ m m d d y y y y
Specimen 2: <input type="checkbox"/> Clinical Material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus Isolate	Source*: _____	Collected : _____ m m d d y y y y Date Sent: _____ m m d d y y y y
Specimen 3: <input type="checkbox"/> Clinical Material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus Isolate	Source*: _____	Collected : _____ m m d d y y y y Date Sent: _____ m m d d y y y y
Specimen 4: <input type="checkbox"/> Clinical Material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus Isolate	Source*: _____	Collected : _____ m m d d y y y y Date Sent: _____ m m d d y y y y
Specimen 5: <input type="checkbox"/> Clinical Material <input type="checkbox"/> Extracted RNA <input type="checkbox"/> Virus Isolate	Source*: _____	Collected : _____ m m d d y y y y Date Sent: _____ m m d d y y y y
Carrier: _____		Tracking #: _____

8. Case Notes:	
9. Case Status:	
<p>Case status and date status applied:</p> <p><input type="checkbox"/> Clinical Case __ __ / __ __ / __ - - - - (lab results pending) m m d d y y y y</p> <p><input type="checkbox"/> Influenza A pos. Case __ __ / __ __ / __ - - - - (subtype pending) m m d d y y y y</p> <p><input type="checkbox"/> Confirmed Case __ __ / __ __ / __ - - - - m m d d y y y y</p>	<p><input type="checkbox"/> Ruled Out/Non-Case: __ __ / __ __ / __ - - - - m m d d y y y y</p> <p>Reason:</p> <p><input type="checkbox"/> Influenza A neg. (by PCR, viral culture, or influenza A serology)</p> <p><input type="checkbox"/> Non-H5 Influenza Strain</p> <p><input type="checkbox"/> Other etiology*</p> <p><input type="checkbox"/> Did not meet case definition</p>
*Alternative Diagnoses	
A. Was an alternative non-influenza respiratory pathogen detected?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes* specify:
B. Was there a diagnosis other than respiratory infection?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes* specify:
10. Reported by:	
Name:	Affiliation:
County:	Address1:
Phone:	Address2:
Fax:	City/Zip:

(continued from previous page)

11: Current Case Definition:

Testing for avian influenza A (H5N1) virus is recommended for a patient who:

- ☐ Has an illness that requires hospitalization or is fatal; AND
- ☐ Has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND
- ☐ Has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established; AND
- ☐ Has at least one of the following potential exposures within 10 days of symptom onset:
 - a. History of travel to a country with influenza H5N1 documented in poultry, wild birds and/or humans AND had at least one of the following potential exposures during travel:
 - Direct contact with (e.g., touching) sick or dead domestic poultry;
 - Direct contact with surfaces contaminated with poultry feces;
 - Consumption of raw or incompletely cooked poultry or poultry products;
 - Direct contact with sick or dead wild birds suspected or confirmed to have influenza H5N1;
 - Close contact (approach within 1 meter [approx 3 feet]) of a person who was hospitalized or died due to a severe unexplained respiratory illness;
 - b. Close contact (approach within 1 meter [approx 3 feet]) of an ill patient who was confirmed or suspected to have H5N1;
 - c. Worked with live influenza H5N1 virus in a laboratory.

Testing may be considered on a case-by-case basis for persons with milder disease or in persons with missing or incomplete epidemiological data. Contact IDEP (800)-423-1271 for questions.